### Case 17-11555 Doc 1 Filed 04/12/17 Entered 04/12/17 10:39:20 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | Chapter 13                    | Check if this an amended filing |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |  |   |
|-----|---|--|---|
|     |   | About Debtor 1:                                  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's               | Thomas First name                                | First name                                    |
|     | license or passport).   | Middle name                                      | Middle name                                   |
|     | Bring your picture identification to your meeting with the trustee.   | Brennan Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   |  |   |
|     | Include your married or maiden names.   |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5623                                      |   |

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Debtor 1 Thomas Brennan

ennan Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |  |
|----|---|---|--|--|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |  |
|    |   | EINs  | EINs   |  |  |  |  |
| 5. | Where you live  | 11451 W. Barr Road  | If Debtor 2 lives at a different address:  |  |  |  |  |
|    |   | Peotone, IL 60468   | Number Otreat City Otate 9 71D Code  |  |  |  |  |
|    |   | Number, Street, City, State & ZIP Code Will   | Number, Street, City, State & ZIP Code   |  |  |  |  |
|    |   | County  | County   |  |  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |  |
|    |   |   |  |  |  |  |  |

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Case number (if known) Debtor 1 Thomas Brennan

| ar  | Tell the Court About  | Your E  | 3ankruptcy Ca                    | ise                                |   |   |                   |  |  |
|-----|---|---|----------------------------------|------------------------------------|---|---|-------------------|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                  |                                    |   |   |                   |  |  |
|     | choosing to file under  |   | Chapter 7                        |                                    |   |   |                   |  |  |
|     |   |   | Chapter 11                       |                                    |   |   |                   |  |  |
|     |   |   | Chapter 12                       |                                    |   |   |                   |  |  |
|     |   |   | Chapter 13                       |                                    |   |   |                   |  |  |
| 3.  | How you will pay the fee  | •   | about how yo                     | u may pay. Typ<br>attorney is sub  | pically, if you are paying the fee  | eck with the clerk's office in your local court<br>yourself, you may pay with cash, cashier's on<br>thalf, your attorney may pay with a credit ca | check, or money   |  |  |
|     |   |   |                                  |                                    | tallments. If you choose this op  | tion, sign and attach the Application for Indi  | viduals to Pay    |  |  |
|     |   |   | I request that<br>but is not req | nt my fee be wa<br>uired to, waive | <b>nived</b> (You may request this opt<br>your fee, and may do so only if | ion only if you are filing for Chapter 7. By law<br>your income is less than 150% of the officia  | poverty line that |  |  |
|     |   |   |                                  |                                    |   | in installments). If you choose this option, y<br>ficial Form 103B) and file it with your petitio   |                   |  |  |
| ).  | Have you filed for bankruptcy within the  | ■ N   | lo.                              |                                    |   |   |                   |  |  |
|     | last 8 years?   | ΠY  | es.                              |                                    |   |   |                   |  |  |
|     |   |   | District                         |                                    | When  | Case number   |                   |  |  |
|     |   |   | District                         |                                    | When  | Case number   |                   |  |  |
|     |   |   | District                         |                                    | When  | Case number   |                   |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ N   | lo                               |                                    |   |   |                   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ПΥ  | es.                              |                                    |   |   |                   |  |  |
|     |   |   | Debtor                           |                                    |   | Relationship to you   |                   |  |  |
|     |   |   | District                         |                                    | When  | Case number, if known   |                   |  |  |
|     |   |   | Debtor                           |                                    |   | Relationship to you   |                   |  |  |
|     |   |   | District                         |                                    | When  | Case number, if known   |                   |  |  |
| 11. | Do you rent your residence?   | ■ N   | lo. Go to I                      | ine 12.                            |   |   |                   |  |  |
|     |   | ПΥ  | es. Has yo                       | our landlord obta                  | ained an eviction judgment agai   | nst you and do you want to stay in your resi  | dence?            |  |  |
|     |   |   |                                  | No. Go to line                     | 12.   |   |                   |  |  |
|     |   |   |                                  | Yes. Fill out In bankruptcy pe     |   | n Judgment Against You (Form 101A) and f  | le it with this   |  |  |
|     |   |   |                                  |                                    |   |   |                   |  |  |

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Document Page 4 of 50 Case number (if known) Debtor 1 Thomas Brennan Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety?

Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Thomas Brennan

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Den | Tilomas Brennan   |  |  |                                 | Case Hulliber                           | (II KIOWII)  |  |  |  |
|-----|---|--|--|---------------------------------|---|--|--|--|--|
| Par | 6: Answer These Quest   | ions for Rep   | porting Purposes   |                                 |   |  |  |  |  |
| 16. | What kind of debts do you have?   |  | 6a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |                                 |   |  |  |  |  |
|     |   |  | ☐ No. Go to line 16b.  |                                 |   |  |  |  |  |
|     |   |  | Yes. Go to line 17.  |                                 |   |  |  |  |  |
|     |   |  | Are your debts primarily busi money for a business or investr  |                                 |   |  |  |  |  |
|     |   | [  | ☐ No. Go to line 16c.  |                                 |   |  |  |  |  |
|     |   |  | ☐ Yes. Go to line 17.  |                                 |   |  |  |  |  |
|     |   | 16c  | State the type of debts you owe  | e that are not consu            | ımer debts or business                  | s debts  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?  | ■ No.  | I am not filing under Chapter 7.   | Go to line 18.                  |   |  |  |  |  |
|     | Do you estimate that<br>after any exempt<br>property is excluded and                    |  | I am filing under Chapter 7. Do<br>are paid that funds will be avail   |                                 |   | erty is excluded and administrative expenses                       |  |  |  |
|     | administrative expenses   | 1  | □ No   |                                 |   |  |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? | I  | □ Yes  |                                 |   |  |  |  |  |
| 18. | How many Creditors do   | <b>■</b> 1-49  |  | ☐ 1,000-5,00                    |   | □ 25,001-50,000  |  |  |  |
|     | you estimate that you owe?  | □ 50-99  |  | ☐ 5001-10,00                    |   | ☐ 50,001-100,000   |  |  |  |
|     |   | ☐ 100-199<br>☐ 200-999   |  | <b>□</b> 10,001-25,0            | ☐ 10,001-25,000 ☐ More than100,000      |  |  |  |  |
| 19. | How much do you estimate your assets to   | \$0 - \$50   |  | \$1,000,001                     |   | □ \$500,000,001 - \$1 billion                                      |  |  |  |
|     | be worth?   |  | 1 - \$100,000<br>01 - \$500,000  |                                 | 11 - \$50 million<br>11 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |  |  |  |
|     |   |  | 01 - \$300,000<br>01 - \$1 million   |                                 | 01 - \$500 million                      | ☐ More than \$50 billion   |  |  |  |
| 20. | How much do you estimate your liabilities   | □ \$0 - \$50   | 0,000<br>11 - \$100,000  | □ \$1,000,001<br>□ \$10,000,001 | - \$10 million<br>11 - \$50 million     | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion     |  |  |  |
|     | to be?  |  | 01 - \$500,000   |                                 | 11 - \$100 million                      | □ \$10,000,000,001 - \$10 billion                                  |  |  |  |
|     |   |  | 01 - \$1 million   | □ \$100,000,0                   | 01 - \$500 million                      | ☐ More than \$50 billion   |  |  |  |
| Par | 7: Sign Below   |  |  |                                 |   |  |  |  |  |
| For | you   | I have exa   | mined this petition, and I declar  | re under penalty of             | perjury that the inform                 | ation provided is true and correct.                                |  |  |  |
|     |   | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.                |  |                                 |   |  |  |  |  |
|     |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |  |                                 |   |  |  |  |  |
|     |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |                                 |   |  |  |  |  |
|     |   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |                                 |   |  |  |  |  |
|     |   | /s/ Thomas   | as Brennan<br>Brennan  |                                 | Signature of Debtor                     | 2  |  |  |  |
|     |   |  | of Debtor 1  |                                 | <u> </u>                                |  |  |  |  |
|     |   | Executed   | On April 12, 2017 MM / DD / YYYY   |                                 | Executed on MM                          | / DD / YYYY  |  |  |  |
|     |   |  | . =  |                                 |   |  |  |  |  |

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ John C. Dent                       | Date          | April 12, 2017     |
|--|---------------|--------------------|
| Signature of Attorney for Debtor       | _             | MM / DD / YYYY     |
|  |               |                    |
| John C. Dent                           |               |                    |
| Printed name                           |               |                    |
| John C. Dent, Ltd.                     |               |                    |
| Firm name                              |               |                    |
| 1000 S. Hamilton Suite D               |               |                    |
| Lockport, IL 60441                     |               |                    |
| Number, Street, City, State & ZIP Code |               |                    |
| Contact phone <b>815-588-0327</b>      | Email address | jcd60439@yahoo.com |
| 6230863                                |               |                    |
| Bar number & State                     |               |                    |

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|---|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor                      | rmation to identify your | case:             |                  |                                      |
| Debtor 1                                | Thomas Brennan           | 1                 |                  |                                      |
|   | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2                                |                          |                   |                  |                                      |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name        |                                      |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number                             |                          |                   |                  |                                      |
| (if known)                              |                          |                   |                  | ☐ Check if this is an amended filing |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  |             | assets<br>of what you own |
|-----|--|-------------|---------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 219,954.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 3,160.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 223,114.00                |
| ⊃aı | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D               | \$          | 191,759.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 13,148.19                 |
|     | Your total liabilities   | \$          | 204,907.19                |
| aı  | tt 3: Summarize Your Income and Expenses   |             |                           |
|     | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,946.67                  |
|     | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,784.67                  |
| aı  | Answer These Questions for Administrative and Statistical Records  |             |                           |
|     | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                   | ır other so | hedules.                  |
| ·.  | ■ Yes What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "11 U.S.C. \$ 101(0). Fill out lines 8 Or for statistical purposes 28 U.S.C. \$ 150 | a persona   | l, family, or             |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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the court with your other schedules.

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8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                       |                                       | Case 17-115   | 55                    | Doc 1                      |                            | 04/12/17<br>ument  | Entered 04/12/17<br>Page 10 of 50  | 7 10:39:2                          | 20 De:        | sc M   | 1ain                               |  |
|-----------------------|---------------------------------------|---|-----------------------|----------------------------|----------------------------|--|--|------------------------------------|---------------|--------|------------------------------------|--|
| Filli                 | in this ir                            | nformation to ident                                       | ify your              | case and                   |                            |  | Faue To di So  |                                    |               |        |                                    |  |
| Deb                   | tor 1                                 | Thomas B  | rennar                |                            | dle Name                   |  | Last Name  |                                    |               |        |                                    |  |
|                       | tor 2                                 |   |                       |                            | dle Name                   |  | Last Name  |                                    |               |        |                                    |  |
|                       |                                       | s Bankruptcy Court  | for the:              |                            |                            | RICT OF ILLIN  |  |                                    |               |        |                                    |  |
| Case                  | e numbe                               | er  |                       |                            |                            |  | -  |                                    |               |        | Check if this is an amended filing |  |
| _                     |                                       | Form 106A<br><b>ule A/B: F</b>                            |                       | erty                       |                            |  |  |                                    |               |        | 12/15                              |  |
| hink<br>nforn<br>Answ | it fits bes<br>nation. If<br>er every | st. Be as complete ar<br>more space is neede<br>question. | d accura<br>d, attach | ate as possi<br>a separate | ble. If two<br>sheet to th | married people<br>nis form. On the   | n asset fits in more than one e<br>e are filing together, both are e<br>e top of any additional pages, | qually respon                      | sible for su  | pplyin | g correct                          |  |
| Part                  |                                       |   | `                     |                            |                            |  | n or Have an Interest In land, or similar property?  |                                    |               |        |                                    |  |
| _                     | No. Go to                             |   | equitabl              | e iliterest il             | ally resid                 | ence, building,  | iand, or similar property:   |                                    |               |        |                                    |  |
| _                     |                                       | nere is the property?                                     |                       |                            |                            |  |  |                                    |               |        |                                    |  |
| _                     | Tes. VVII                             | iere is the property:                                     |                       |                            |                            |  |  |                                    |               |        |                                    |  |
| 1.1                   |                                       |   |                       |                            | What                       | is the property  | ? Check all that apply   |                                    |               |        |                                    |  |
|                       |                                       | W. Barr Road  |                       |                            | _                          | Single-family h  | nome   | Do not deduc                       | t secured cla | ims or | exemptions. Put                    |  |
|                       | Street add                            | dress, if available, or other                             | description           |                            |                            | Duplex or mult   | ti-unit building   | the amount of any secured claims S |               |        |                                    |  |
|                       |                                       |   |                       |                            |                            | Condominium  | or cooperative   |                                    |               |        |                                    |  |
|                       |                                       |   |                       |                            |                            | Manufactured   | or mobile home   |                                    |               |        |                                    |  |
|                       | Peoto                                 | ne IL   | 604                   | 168-0000                   |                            | Land   |  | Current value<br>entire proper     |               |        | ent value of the ion you own?      |  |
|                       | City                                  | State   | 9                     | ZIP Code                   |                            | Investment pro   | operty   | \$219                              | ,954.00       | _      | \$219,954.00                       |  |
|                       |                                       |   |                       |                            |                            | Timeshare  |  |                                    | •             |        | nership interest                   |  |
|                       |                                       |   |                       |                            | _                          | Other  | in the property? Check one   | (such as fee a life estate),       |               | ancy b | y the entireties, or               |  |
|                       |                                       |   |                       |                            |                            | Debtor 1 only  | in the property: Check one   | ,,                                 |               |        |                                    |  |
|                       | Will                                  |   |                       |                            |                            | Debtor 2 only  |  |                                    |               |        |                                    |  |
|                       | County                                |   |                       |                            |                            | Debtor 1 and I   | Debtor 2 only  | - Check if                         | this is com   | munit  | v property                         |  |
|                       |                                       |   |                       |                            |                            | At least one of  | the debtors and another  | (see instru                        |               |        | y proporty                         |  |
|                       |                                       |   |                       |                            |                            | r information your information you in the control of the control o | ou wish to add about this item<br>on number:   | , such as loca                     | ıl            |        |                                    |  |
|                       |                                       |   |                       |                            |                            |  |  |                                    |               |        |                                    |  |
|                       |                                       |   |                       |                            |                            |  |  |                                    |               |        |                                    |  |
|                       |                                       |   |                       |                            |                            |  |  |                                    |               |        |                                    |  |

pages you have attached for Part 1. Write that number here......

\$219,954.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb         | tor 1                    | Case 17-11555 Thomas Brennan   | Doc 1               | Filed 04/12/17<br>Document                | Entered 04/12/1<br>Page 11 of 50 | 17 10:39:20                              | Desc Main   |
|-------------|--------------------------|--|---------------------|---|----------------------------------|--|---|
|             |                          | ns, trucks, tractors, spo  | rt utility vohi     | clas motorcyclas                          |                                  |  |   |
|             |                          | ns, irucks, iraciors, spo  | it utility veril    | cies, motorcycles                         |                                  |  |   |
|             | No                       |  |                     |   |                                  |  |   |
|             | Yes                      |  |                     |   |                                  |  |   |
| 3.1         |                          | 0-1  |                     | Who has an interest in the                | property? Check one              | the amount of any se                     | ed claims or exemptions. Put ecured claims on Schedule D: Claims Secured by Property. |
|             | Mode<br>Year:            | ···  |                     | ■ Debtor 1 only □ Debtor 2 only           |                                  |  |   |
|             |                          |  | 175,000             | Debtor 1 and Debtor 2 o                   | nly                              | Current value of the<br>entire property? | e Current value of the<br>portion you own?  |
|             | Other                    | r information:   |                     | ☐ At least one of the debto               | •                                |  |   |
|             |                          |  |                     | _   |                                  | \$2,000.0                                | 90 \$2,000.00   |
|             |                          |  |                     | Check if this is commu (see instructions) | inity property                   | \$2,000.0                                | φ2,000.00   |
| 5 A         |                          |  |                     |   | om Part 2, including any         |  | \$2,000.00  |
| <b>Do</b> y | ou ow                    | cribe Your Personal and Fin or have any legal or e  bld goods and furnishings: Major appliances, furni | quitable inte<br>gs | rest in any of the follow                 | ing items?                       |  | Current value of the portion you own? Do not deduct secured claims or exemptions.     |
|             | Yes.                     | Describe   |                     |   |                                  |  |   |
|             |                          | One o  | rdinary lot         | of used household go                      | oods and furnishings             |  | \$650.00  |
| E           | No                       |  |                     |   | ment; computers, printers,       | scanners; music coll                     | ections; electronic devices   |
| E           |                          | oles of value<br>es: Antiques and figurines<br>other collections, mem                                  |                     |   | oks, pictures, or other art ol   | bjects; stamp, coin, o                   | r baseball card collections;  |
|             | Yes.                     | Describe   |                     |   |                                  |  |   |
| E           | xample<br>I No           | ent for sports and hobbi<br>es: Sports, photographic, e<br>musical instruments                         |                     | other hobby equipment; t                  | picycles, pool tables, golf c    | lubs, skis; canoes an                    | d kayaks; carpentry tools;  |
|             |                          |  |                     |   |                                  |  |   |
|             | Firearm<br>Examp<br>■ No | <b>ns</b><br><i>les:</i> Pistols, rifles, shotgur  | ns, ammunitio       | n, and related equipment                  |                                  |  |   |
|             |                          | Describe   |                     |   |                                  |  |   |

Official Form 106A/B Schedule A/B: Property page 2

Case 17-11555 Doc 1 Filed 04/12/17 Entered 04/12/17 10:39:20 Desc Main Document Page 12 of 50 **Thomas Brennan** Case number (if known) Debtor 1 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$250.00 One ordinary lot of clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$900.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **TCF Bank** \$260.00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No

☐ Yes. Give specific information about them

Issuer name:

Case 17-11555 Doc 1 Filed 04/12/17 Entered 04/12/17 10:39:20 Desc Main Document Page 13 of 50 Case number (if known) Debtor 1 **Thomas Brennan** 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes, Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information......

#### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No

☐ Yes. Give specific information..

#### 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

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Case number (if known) Debtor 1 **Thomas Brennan** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$260.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$219,954.00 56. Part 2: Total vehicles, line 5 \$2,000.00 57. Part 3: Total personal and household items, line 15 \$900.00 58. Part 4: Total financial assets, line 36 \$260.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... Copy personal property total \$3,160.00 \$3,160.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$223,114.00

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|  |   |   | Document   |   | Page 15 of 50   | _  |
|--|---|---|--|---|---|--|
| Fill   | l in this inform  | ation to identify your  | case:  |   |   |  |
| De   | btor 1  | Thomas Brennan  |  |   |   | 7  |
|  |   | First Name  | Middle Name  | L   | ast Name  |  |
| -  | btor 2<br>ouse if, filing)  | First Name  | Middle Name  | L   | ast Name  |  |
| Uni  | ited States Ban   | kruptcy Court for the:  | NORTHERN DISTRICT OF   | ILLIN   | OIS   |  |
|  | se number   |   |  |   |   | ☐ Check if this is an amended filing   |
|  | ficial For  |   | porty Vou Cla  | im  | as Evomnt   | 446  |
| <u> </u>   | Jiledule  | c. The Pro  | perty You Cla  |   | i as Exempt   | 4/16   |
| the need case For speany function to the term of t | property you lis ded, fill out and e number (if kno each item of picific dollar am applicable stads—may be un mption to a pahe applicable s | ted on Schedule A/B: P<br>attach to this page as r<br>own).<br>property you claim as c<br>ount as exempt. Alter<br>tuttory limit. Some exe<br>illimited in dollar amount<br>rticular dollar amount<br>statutory amount. | Property (Official Form 106A/B) many copies of Part 2: Addition exempt, you must specify the natively, you may claim the fremptions—such as those for int. However, if you claim and the value of the propertions. | as yo<br>nal Pa<br>e amo<br>full fa<br>heal<br>exen | our source, list the property that you<br>age as necessary. On the top of any<br>ount of the exemption you claim.<br>ir market value of the property be<br>th aids, rights to receive certain I<br>option of 100% of fair market valu | One way of doing so is to state a peing exempted up to the amount of penefits, and tax-exempt retirement |
|  |   | the Property You Cla  |  |   |   |  |
| 1.   | Which set of  | exemptions are you cl   | aiming? Check one only, eve  | n if yo   | our spouse is filing with you.  |  |
|  | You are cla   | iming state and federal   | nonbankruptcy exemptions.  | 11 U.   | S.C. § 522(b)(3)  |  |
|  | ☐ You are cla   | iming federal exemption   | ns. 11 U.S.C. § 522(b)(2)  |   |   |  |
| 2.   | For any prope   | ertv vou list on Sched  | ule A/B that you claim as exe  | empt.   | fill in the information below.  |  |
|  | Brief description of the property and line on Curre   |   | •  | • •   | ount of the exemption you claim   | Specific laws that allow exemption   |
|  | Scriedule A/B (   | nat lists tills property  | Copy the value from<br>Schedule A/B  | Che   | eck only one box for each exemption.  |  |
|  | 2001 Toyota   | Solara 175,000 mile   | es \$2,000.00  |   | \$2,000.00  | 735 ILCS 5/12-1001(c)  |
|  | Line nom Sche   | edule AVD. U.T  |  |   | 100% of fair market value, up to any applicable statutory limit   |  |
|  |   | y lot of used house   | hold \$650.00  |   | \$650.00  | 735 ILCS 5/12-1001(b)  |
|  | goods and f<br>Line from Scho   |   |  |   | 100% of fair market value, up to any applicable statutory limit   |  |
|  |   | y lot of clothing<br>edule A/B: 11.1  | \$250.00   |   | 100%  | 735 ILCS 5/12-1001(a)  |
|  | Line nom och  | edule A/D. TTT  |  |   | 100% of fair market value, up to any applicable statutory limit   |  |
|  | Checking: T   | CF Bank<br>edule A/B: 17.1  | \$260.00   |   | \$260.00  | 735 ILCS 5/12-1001(b)  |
|  | LINE HOIR SCHE  | Saule N.B. 11.1   |  |   | 100% of fair market value, up to any applicable statutory limit   |  |
| 3.   | (Subject to adj   | ustment on 4/01/19 and  |  | ises fi   | iled on or after the date of adjustme   |  |

Official Form 106C

Yes

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Debtor 1 Thomas Brennan

| Filli                                      | in this information  | n to identify you   | Document r case:   | Page 17  | (11.5)(7  |  |                            |
|--|--|---|--|--|---|--|----------------------------|
| Deb  | tor 1 Th   | nomas Brenna  | n  |  |   |  |                            |
|  |  | st Name   | Middle Name  | Last Name  |   |  |                            |
|  | tor 2 use if, filing) First  | st Name   | Middle Name  | Last Name  |   |  |                            |
|  |  |   |  |  |   |  |                            |
| Unite                                      | ed States Bankrup  | tcy Court for the:  | NORTHERN DISTRICT OF ILL   | INOIS  |   |  |                            |
| Case                                       | e number   |   |  |  |   |  |                            |
| (if kno                                    | own)   |   |  |  |   | _  | k if this is an            |
|  |  |   |  |  |   | amer   | nded filing                |
| Offi                                       | icial Form 10  | 06D   |  |  |   |  |                            |
|  |  |   | Who Have Claims  | Secured  | by Propert  | V  | 12/15                      |
|  |  |   |  |  |   | <u> </u>   |                            |
|  |  |   | f two married people are filing togeth<br>out, number the entries, and attach it   |  |   |  |                            |
|  | oer (if known).  |   |  |  |   |  |                            |
| _  | any creditors have   | -   |  |  |   |  |                            |
| ı  | ■ No. Check this I   | box and submit th   | nis form to the court with your other  | schedules. You   | u have nothing else t   | o report on this form.                           |                            |
|  |  |   | •  |  | •   |  |                            |
| ı  | Yes. Fill in all of  | the information I   | pelow.   |  | -   |  |                            |
|  | Yes. Fill in all of  |   | pelow.   |  |   | 0.1  |                            |
| Part<br>2. Lis                             | List All Sec   | ured Claims s. If a creditor has r  | nore than one secured claim, list the cre  |  | Column A  | Column B   | Column C                   |
| Part<br>2. List                            | t1: List All Sec<br>st all secured claims<br>ach claim. If more the  | cured Claims  s. If a creditor has ran one creditor has   |  | s in Part 2. As  | Column A  Amount of claim Do not deduct the                         | Column B  Value of collateral that supports this | Column C Unsecured portion |
| Part<br>2. List                            | List All Sec<br>st all secured claims<br>ach claim. If more that<br>has possible, list the   | s. If a creditor has ran one creditor has claims in alphabetic  | nore than one secured claim, list the cre<br>a particular claim, list the other creditors  | s in Part 2. As  | Amount of claim   | Value of collateral                              | Unsecured                  |
| Part<br>2. List                            | t1: List All Sec<br>st all secured claims<br>ach claim. If more the  | s. If a creditor has ran one creditor has claims in alphabetic  | nore than one secured claim, list the cre<br>a particular claim, list the other creditors  | s in Part 2. As ´<br>e.  | Amount of claim Do not deduct the                                   | Value of collateral that supports this           | Unsecured portion          |
| Part<br>2. List<br>for eat<br>much         | st all secured claims ach claim. If more the has possible, list the  | s. If a creditor has ran one creditor has claims in alphabetic  | nore than one secured claim, list the cre<br>a particular claim, list the other creditors<br>cal order according to the creditor's name<br>Describe the property that secures to<br>11451 W. Barr Road Peotone   | s in Part 2. As e.   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part<br>2. List<br>for eat<br>much         | st all secured claims ach claim. If more the has possible, list the Carrington Mo Service. Llc   | s. If a creditor has ran one creditor has claims in alphabetic  | nore than one secured claim, list the cre<br>a particular claim, list the other creditors<br>cal order according to the creditor's name  | s in Part 2. As e.   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part<br>2. List<br>for eat<br>much         | st all secured claims ach claim. If more that has possible, list the Carrington Mo Service. Llc Creditor's Name  | s. If a creditor has ran one creditor has claims in alphabetic  | nore than one secured claim, list the crea particular claim, list the other creditors cal order according to the creditor's name Describe the property that secures a 11451 W. Barr Road Peoton 60468 Will County  As of the date you file, the claim is:  | s in Part 2. As e. the claim:  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part<br>2. List<br>for eat<br>much         | st all secured claims ach claim. If more the has possible, list the Carrington Mo Service. Llc   | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage                                      | nore than one secured claim, list the crea particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to 11451 W. Barr Road Peotone 60468 Will County  As of the date you file, the claim is: apply.   | s in Part 2. As e. the claim:  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part<br>2. List<br>for eat<br>much         | st all secured claims ach claim. If more that has possible, list the Carrington Moservice. Llc Creditor's Name   | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage                                      | nore than one secured claim, list the crea particular claim, list the other creditors cal order according to the creditor's name Describe the property that secures a 11451 W. Barr Road Peoton 60468 Will County  As of the date you file, the claim is:  | s in Part 2. As e. the claim:  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part<br>2. List<br>for eat<br>much         | st all secured claims ach claim. If more that has possible, list the Carrington Mo Service. LIC Creditor's Name  Po Box 3489 Anaheim, CA 9   | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage                                      | nore than one secured claim, list the crea particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to a compare the property that secures to a compare the  | s in Part 2. As e. the claim:  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part<br>2. Lis<br>for ea<br>much<br>2.1    | st all secured claims ach claim. If more that has possible, list the Carrington Mo Service. LIC Creditor's Name  Po Box 3489 Anaheim, CA 9   | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage  92803  State & Zip Code             | nore than one secured claim, list the crea particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to a consider a consider according to the creditor's name.  Describe the property that secures to a consider  | s in Part 2. As e. the claim:  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim     | Unsecured portion If any   |
| Particle 2. List for earmuch 2.1           | st all secured claims ach claim. If more than as possible, list the Carrington Mo Service. LIC Creditor's Name  Po Box 3489 Anaheim, CA S  | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage  92803  State & Zip Code             | nore than one secured claim, list the crea particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to a consider a consider according to the creditor's name.  Describe the property that secures to a consider  | the claim: e, IL  Check all that   | Amount of claim Do not deduct the value of collateral. \$191,759.00 | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part 2. List for ea much 2.1               | st all secured claims ach claim. If more that has possible, list the Carrington Moservice. Llc Creditor's Name  Po Box 3489 Anaheim, CA 9 Number, Street, City, So owes the debt? Coebtor 1 only   | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage  92803  State & Zip Code             | nore than one secured claim, list the crea a particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to a consider a consider according to the creditor's name.  Describe the property that secures to a consider a conside | the claim: e, IL  Check all that   | Amount of claim Do not deduct the value of collateral. \$191,759.00 | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part 2. Lis for ea much 2.1                | st all secured claims ach claim. If more that has possible, list the Carrington Mo Service. Llc Creditor's Name  Po Box 3489 Anaheim, CA 9 Number, Street, City, So owes the debt? Co  | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage  92803  State & Zip Code  Check one. | nore than one secured claim, list the crea a particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to a consider a consider according to the creditor's name.  Describe the property that secures to a consider a conside | s in Part 2. As e.  the claim: e, IL  Check all that   | Amount of claim Do not deduct the value of collateral. \$191,759.00 | Value of collateral that supports this claim     | Unsecured portion If any   |
| Part 2. List for ea much 2.11              | st all secured claims ach claim. If more that has possible, list the Carrington Mo Service. Llc Creditor's Name  Po Box 3489 Anaheim, CA 9 Number, Street, City, So owes the debt? Coebtor 1 only Debtor 2 only  | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage  92803  State & Zip Code  Check one. | nore than one secured claim, list the crea particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to 11451 W. Barr Road Peotone 60468 Will County  As of the date you file, the claim is: apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as car loan)   | s in Part 2. As e.  the claim: e, IL  Check all that   | Amount of claim Do not deduct the value of collateral. \$191,759.00 | Value of collateral that supports this claim     | Unsecured portion If any   |
| Who D D D A C C                            | st all secured claims ach claim. If more than as possible, list the Service. Llc Creditor's Name  Po Box 3489 Anaheim, CA 9 Number, Street, City, So owes the debt? Coebtor 1 only Debtor 2 only Debtor 1 and Debtor 2   | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage  92803  State & Zip Code  Check one. | nore than one secured claim, list the crea particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures is 11451 W. Barr Road Peotone 60468 Will County  As of the date you file, the claim is: apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as car loan)  Statutory lien (such as tax lien, meeting)   | s in Part 2. As e.  the claim: e, IL  Check all that   | Amount of claim Do not deduct the value of collateral. \$191,759.00 | Value of collateral that supports this claim     | Unsecured portion If any   |
| Who D D D A C C                            | st all secured claims ach claim. If more that has possible, list the Carrington Mo Service. Llc Creditor's Name  Po Box 3489 Anaheim, CA 9 Number, Street, City, So owes the debt? Coebtor 1 only Debtor 2 only Debtor 1 and Debtor 2 at least one of the debt check if this claim research. | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage  92803  State & Zip Code  Check one. | nore than one secured claim, list the crea particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to secure 11451 W. Barr Road Peotone 60468 Will County  As of the date you file, the claim is: apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as a car loan)  Statutory lien (such as tax lien, meet under the county lien from a lawsuit   | s in Part 2. As e.  the claim: e, IL  Check all that  mortgage or secuchanic's lien)               | Amount of claim Do not deduct the value of collateral. \$191,759.00 | Value of collateral that supports this claim     | Unsecured portion If any   |
| Who  D D A C C C C C C C C C C C C C C C C | st all secured claims ach claim. If more that has possible, list the Carrington Mo Service. Llc Creditor's Name  Po Box 3489 Anaheim, CA 9 Number, Street, City, So owes the debt? Coebtor 1 only Debtor 2 only Debtor 1 and Debtor 2 at least one of the debt check if this claim research. | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage  92803 State & Zip Code Check one.   | nore than one secured claim, list the crea particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to secure 11451 W. Barr Road Peotone 60468 Will County  As of the date you file, the claim is: apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as a car loan)  Statutory lien (such as tax lien, meet under the county lien from a lawsuit   | s in Part 2. As e.  the claim: e, IL  Check all that  mortgage or secuchanic's lien)               | Amount of claim Do not deduct the value of collateral. \$191,759.00 | Value of collateral that supports this claim     | Unsecured portion If any   |
| Who  D  D  A  C  C  C  C                   | st all secured claims ach claim. If more that has possible, list the Carrington Mo Service. Llc Creditor's Name  Po Box 3489 Anaheim, CA 9 Number, Street, City, So owes the debt? Coebtor 1 only Debtor 2 only Debtor 1 and Debtor 2 at least one of the debt check if this claim research. | sured Claims  s. If a creditor has ran one creditor has claims in alphabetic ortgage  92803 State & Zip Code Check one.   | nore than one secured claim, list the crea particular claim, list the other creditors all order according to the creditor's name.  Describe the property that secures to secure 11451 W. Barr Road Peotone 60468 Will County  As of the date you file, the claim is: apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as a car loan)  Statutory lien (such as tax lien, meet under the county lien from a lawsuit   | s in Part 2. As e.  the claim: e, IL  Check all that  mortgage or secuchanic's lien)  First Mortga | Amount of claim Do not deduct the value of collateral. \$191,759.00 | Value of collateral that supports this claim     | Unsecured portion If any   |

\$191,759.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$191,759.00 Write that number here:

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|---|--|--|--|-----------------------------|
| Fill in this                                | information to identify your   |  |  |                             |
| Debtor 1                                    | Thomas Brennan   |  |  |                             |
| DODIOI 1                                    | First Name   | Middle Name  | Last Name  |                             |
| Debtor 2                                    |  |  |  |                             |
| (Spouse if, fili                            | ing) First Name  | Middle Name  | Last Name  |                             |
| United Sta                                  | ates Bankruptcy Court for the:   | NORTHERN DISTRICT OF IL  | LINOIS   |                             |
| Case num                                    | ber  |  |  |                             |
| (if known)                                  |  |  |  | Check if this is an         |
|   |  |  |  | amended filing              |
| Official                                    | Form 106E/F  |  |  |                             |
|   |  | ho Have Unsecured  | Claims   | 12/15                       |
|   |  |  | TY claims and Part 2 for creditors with NONPRIORITY c  |                             |
| Schedule Di<br>left. Attach t<br>name and c | : Creditors Who Have Claims Sec<br>the Continuation Page to this pag<br>ase number (if known). | ured by Property. If more space is<br>ge. If you have no information to re | Do not include any creditors with partially secured clair<br>needed, copy the Part you need, fill it out, number the<br>port in a Part, do not file that Part. On the top of any ad        | entries in the boxes on the |
|   | List All of Your PRIORITY Un   |  |  |                             |
| _ `   | creditors have priority unsecure   | d claims against you?  |  |                             |
|   | Go to Part 2.  |  |  |                             |
| ☐ Yes                                       |  |  |  |                             |
| Part 2:                                     | List All of Your NONPRIORIT  | Y Unsecured Claims   |  |                             |
| 3. Do any                                   | creditors have nonpriority unsec   | cured claims against you?  |  |                             |
| ☐ No.                                       | You have nothing to report in this p   | art. Submit this form to the court with                                    | your other schedules.  |                             |
| Yes   | ).   |  |  |                             |
| unsecu                                      | red claim, list the creditor separately  | y for each claim. For each claim listed                                    | ne creditor who holds each claim. If a creditor has more to d, identify what type of claim it is. Do not list claims already have more than three nonpriority unsecured claims fill out to | included in Part 1. If more |
|   |  |  |  | Total claim                 |
| 4.1 <b>B</b> l                              | lue Cross Blue Shield  | Last 4 digits of acc   | count number   | \$400.00                    |
|   | onpriority Creditor's Name  O Box 7344   | When was the deb   | t incurred?  |                             |
|   | hicago, IL 60680   |  |  | _                           |
|   | umber Street City State Zlp Code   | As of the date you   | file, the claim is: Check all that apply   |                             |
| _   | ho incurred the debt? Check one.   | _  |  |                             |
|   | Debtor 1 only  | ☐ Contingent   |  |                             |
|   | Debtor 2 only  | ☐ Unliquidated   |  |                             |
|   | Debtor 1 and Debtor 2 only   | Disputed   |  |                             |
|   | At least one of the debtors and and  |  | RITY unsecured claim:  |                             |
|   | Check if this claim is for a com   |  |  |                             |
|   | bt<br>the claim subject to offset?   | ☐ Obligations arising report as priority claim                             | ng out of a separation agreement or divorce that you did no<br>ims   | ot                          |
|   | No   |  | n or profit-sharing plans, and other similar debts   |                             |
|   | l <sub>Yes</sub>   | Other Specify  | Medical expenses   |                             |
|   |  | Carion Opcomy  | <u> </u>   |                             |

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Debtor 1 Thomas Brennan Case number (if know) 4.2 \$2,346.19 ComEd Last 4 digits of account number Nonpriority Creditor's Name PO Box 6111 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Utilities ☐ Yes 4.3 **Creditors Collection Bureau** 7473 \$2,176.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 63 When was the debt incurred? Kankakee, IL 60901 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Oasis Medical Services** Other. Specify 4.4 **Creditors Collection Bureau** Last 4 digits of account number 9931 \$1,292.00 Nonpriority Creditor's Name Po Box 63 When was the debt incurred? Kankakee, IL 60901 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Associated Radiologists Of J ☐ Yes

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Debtor 1 Thomas Brennan Case number (if know) 4.5 \$100.00 **First Midwest Bank** Last 4 digits of account number Nonpriority Creditor's Name 12600 S Harlem Ave When was the debt incurred? Palos Heights, IL 60463 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify miscellaneous charges ☐ Yes 4.6 **Hughes Net** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name PO Box 10 When was the debt incurred? Chanhassen, MN 55317 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify notice purposes only ☐ Yes 4.7 Med Business Bureau \$85.00 Last 4 digits of account number 4134 Nonpriority Creditor's Name 1460 Renaissance Dr #400 When was the debt incurred? **Opened 08/15** Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Em Strategies Homer Other. Specify Glen ☐ Yes

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Case number (if know)

| 4.8      | Northwest Collectors  | Last 4 digits of account number 8950  | \$2.760.00 |
|----------|---|---|------------|
| 4.0      | Nonpriority Creditor's Name 3601 Algonquin Rd Ste 232                                   | When was the debt incurred? Opened 02/12  | \$2,760.00 |
|          | Rolling Meadows, IL 60008   |   |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                     | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes   | Other. Specify  Collection Attorney Bourbonnais Fire Protection Di  |            |
| 4.9      | Northwest Collectors  | Last 4 digits of account number 6187  | \$1,769.00 |
|          | Nonpriority Creditor's Name 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008         | When was the debt incurred? Opened 01/12  |            |
|          | Number Street City State ZIp Code   | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.   |   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt<br>Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
|          | No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|          | □Yes  | ■ Other. Specify Service  |            |
| 4.1<br>0 | Regional Recovery Serv  | Last 4 digits of account number 2951  | \$240.00   |
|          | Nonpriority Creditor's Name 5252 S Homan Ave  | When was the debt incurred? Opened 07/16  |            |
|          | Hammond, IN 46320  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | <u> </u>  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
|          |   | Student loans   |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | ☐ Yes   | Collection Attorney Midwest Eye Care  Surgery C   |            |

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Case number (if know)

| Debtor | 1 Thomas Brennan   |  | Case number (if know)                         |          |  |  |  |
|--------|--|--|---|----------|--|--|--|
| 4.1    | Td Auto Finance Nonpriority Creditor's Name  | Last 4 digits of account number                              | 4344  | \$876.00 |  |  |  |
|        | Po Box 9223<br>Farmington, MI 48333  | When was the debt incurred?                                  | Opened 06/07 Last Active 11/21/12             |          |  |  |  |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.                              | As of the date you file, the claim                           | s: Спеск ан тлат арріу                        |          |  |  |  |
|        | Debtor 1 only  | ☐ Contingent   |   |          |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                      |          |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |   |          |  |  |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |          |  |  |  |
|        | Yes  | Other. Specify Automobile                                    | 9   |          |  |  |  |
| 4.1    | Trackers Inc   | Last 4 digits of account number                              | 1370  | \$738.00 |  |  |  |
|        | Nonpriority Creditor's Name  1970 Spruce Hills When was the debt incurred?  Bettendorf, IA 52722 |  |   |          |  |  |  |
|        | Number Street City State ZIp Code Who incurred the debt? Check one.                              | As of the date you file, the claim                           | is: Check all that apply                      |          |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |          |  |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |   |          |  |  |  |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |  |  |  |
|        | lacksquare At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |          |  |  |  |
|        | ☐ Check if this claim is for a community   | Student loans  |   |          |  |  |  |
|        | debt Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |          |  |  |  |
|        | No   | Debts to pension or profit-sharing                           |   |          |  |  |  |
|        | Yes  | Other. Specify 08 First Mid                                  | dwest Bank Joliet                             |          |  |  |  |
| 4.1    | Trackers Inc   | Last 4 digits of account number                              | 1199  | \$366.00 |  |  |  |
|        | Nonpriority Creditor's Name<br>1970 Spruce Hills<br>Bettendorf, IA 52722                         | When was the debt incurred?                                  |   |          |  |  |  |
| -      | Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |          |  |  |  |
|        | Who incurred the debt? Check one.  |  |   |          |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |          |  |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |   |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |          |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                      |          |  |  |  |
|        | ☐ Check if this claim is for a community   | Student loans  |   |          |  |  |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |          |  |  |  |
|        | Yes  | Other. Specify 08 First Mic                                  | dwest Bank Joliet                             |          |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Thomas Brennan

Case number (if know)

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | 7  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              |     |   |     |    | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 13,148.19   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 13,148.19   |

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|                     |                          |                   | III FAUE / 4 UL 3U |                |
|---------------------|--------------------------|-------------------|--------------------|----------------|
| Fill in this infor  | mation to identify your  | case:             |                    |                |
| Debtor 1            | Thomas Brennan           | 1                 |                    |                |
|                     | First Name               | Middle Name       | Last Name          |                |
| Debtor 2            |                          |                   |                    |                |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |                |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |                |
| Case number         |                          |                   |                    |                |
| (if known)          |                          |                   |                    | ☐ Check if thi |
|                     |                          |                   |                    | amended f      |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the c<br>er, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | Number    | Sileet       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.3 | <u> </u>  |              |   | 2 0000            |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.4 | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
|     | •         |              |   |                   |   |

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|                        |   | Docume  | ent Page 25 d           | of 50                    |   |
|------------------------|---|---|-------------------------|--------------------------|---|
| Fill in thi            | is information to identify you  | ır case:  |                         |                          |   |
| Debtor 1               | Thomas Brenna   | an an   |                         |                          |   |
| Debtor 1               | First Name  | Middle Name   | Last Name               |                          |   |
| Debtor 2               |   |   |                         |                          |   |
| (Spouse if, f          | filing) First Name  | Middle Name   | Last Name               |                          |   |
| United St              | tates Bankruptcy Court for the  | NORTHERN DISTRICT   | OF ILLINOIS             |                          |   |
|                        | ,,  |   |                         |                          |   |
| Case nur               | mber  |   |                         |                          | <b>–</b> 0  |
| (if known)             |   |   |                         |                          | ☐ Check if this is an   |
|                        |   |   |                         |                          | amended filing  |
| Officia                | al Form 106H  |   |                         |                          |   |
|                        |   | dobtoro   |                         |                          |   |
| scne                   | dule H: Your Co   | debtors   |                         |                          | 12/15   |
| ill it out,<br>our nam | and number the entries in the and case number (if know by you have any codebtors? ( | ne boxes on the left. Attach<br>n). Answer every question | the Additional Page (   | to this page. On the top | eeded, copy the Additional Page,<br>o of any Additional Pages, write  |
| =                      |   |   |                         |                          |   |
| ■ No                   |   |   |                         |                          |   |
| LI Y                   | es  |   |                         |                          |   |
| Arizo                  | ithin the last 8 years, have yona, California, Idaho, Louisian o. Go to line 3.     |   |                         |                          | v states and territories include  |
| □ Ye                   | es. Did your spouse, former sp  | ouse, or legal equivalent live                            | e with you at the time? |                          |   |
| in lir<br>Forn         | ne 2 again as a codebtor only   | y if that person is a guaran                              | tor or cosigner. Make   | sure you have listed th  | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                        | Column 1: Your codebtor   |   |                         | Column 2: The cre        | ditor to whom you owe the debt  |
|                        | Name, Number, Street, City, State and   | I ZIP Code  |                         | Check all schedule       |   |
| I I                    |   |   |                         | <b>—</b>                 |   |
| 3.1                    | Name  |   |                         | Schedule D, line         |   |
|                        | Name  |   |                         | ☐ Schedule E/F, li       |   |
|                        |   |   |                         | ☐ Schedule G, line       | 9   |
|                        | Number Street   |   |                         | <u> </u>                 |   |
|                        | City  | State   | ZIP Code                |                          |   |
|                        |   |   |                         |                          |   |
| 3.2                    |   |   |                         | ☐ Schedule D, line       | Э   |
|                        | Name  |   | ·                       | □ Schedule E/F, li       | ne  |
|                        |   |   |                         | ☐ Schedule G, line       | e   |
|                        | Number Street   |   |                         | _                        |   |
|                        | City  | State   | ZIP Code                |                          |   |

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| EIII        | in this information to iden   | atify your ca            | ico.   |                       |           |      | Ī           |                         |                        |                                  |          |
|-------------|---|--------------------------|--|-----------------------|-----------|------|-------------|-------------------------|------------------------|----------------------------------|----------|
|             |   | mas Bre                  |  |                       |           |      |             |                         |                        |                                  |          |
|             | btor 2  |                          |  |                       |           | _    |             |                         |                        |                                  |          |
| Uni         | ited States Bankruptcy Co   | ourt for the:            | NORTHERN DISTRIC                                 | CT OF ILLINOIS        |           | _    |             |                         |                        |                                  |          |
| (If kr      | se number   |                          |  |                       |           |      | □ Ai        |                         | d filing<br>ent showin | g postpetition<br>ollowing date: |          |
|             | fficial Form 10   |                          |  |                       |           |      | M           | M / DD/ Y               | YYY                    |                                  |          |
|             | chedule I: You as complete and accura   |                          |  |                       |           |      |             |                         |                        |                                  | 12/15    |
| spo<br>atta | plying correct informationse. If you are separate to the a separate sheet to the separate sheet to the separate sheet to the separate sheet sheet to the separate sheet | d and you<br>his form. ( | r spouse is not filing wi                        | th you, do not inclu  | de infor  | mati | on about    | your spo<br>imber (if I | ouse. If mo            | ore space is                     | needed,  |
|             | information.  | no iob                   |  | ■ Employed            |           |      |             | ☐ Emplo                 |                        | ing spouse                       |          |
|             | If you have more than of attach a separate page information about addit   | with                     | Employment status                                | ☐ Not employed        |           |      |             | ☐ Not e                 | -                      |                                  |          |
|             | employers.  |                          | Occupation                                       | Sales                 |           |      |             |                         |                        |                                  |          |
|             | Include part-time, seaso self-employed work.  | onal, or                 | Employer's name                                  | South Oak Dod         | ge        |      |             |                         |                        |                                  |          |
|             | Occupation may include or homemaker, if it app  |                          | Employer's address                               |                       |           |      |             |                         |                        |                                  |          |
|             |   |                          | How long employed the                            | nere? 2 week          | s         |      |             | _                       |                        |                                  |          |
| Pai         | rt 2: Give Details A  | About Mon                | thly Income                                      |                       |           |      |             |                         |                        |                                  |          |
|             | imate monthly income a<br>use unless you are separ  |                          | ate you file this form. If                       | you have nothing to r | eport for | any  | line, write | \$0 in the              | space. Inc             | clude your noi                   | n-filing |
|             | ou or your non-filing spous<br>e space, attach a separat  |                          |  | ombine the informatio | n for all | empl | oyers for t | that perso              | n on the li            | nes below. If y                  | you need |
|             |   |                          |  |                       |           |      | For Deb     | otor 1                  |                        | btor 2 or<br>ing spouse          |          |
| 2.          |   |                          | ry, and commissions (becalculate what the month) |                       | 2.        | \$   | 2,          | 600.00                  | \$                     | N/A                              |          |
| 3.          | Estimate and list mon   | thly overti              | me pay.  |                       | 3.        | +\$  |             | 866.67                  | +\$                    | N/A                              |          |
| 4.          | Calculate gross Incon   | <b>ne.</b> Add lin       | e 2 + line 3.                                    |                       | 4.        | \$   | 3,46        | 66.67                   | \$                     | N/A                              |          |

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| Deb | tor 1           | Inomas Brennan  | -      | Case  | number ( <i>if known</i> ) |       |                            |          |
|-----|-----------------|---|--------|-------|----------------------------|-------|----------------------------|----------|
|     |                 |   |        | _     |                            | _     |                            |          |
|     |                 |   |        | For   | Debtor 1                   |       | Debtor 2 or -filing spouse |          |
|     | Copy            | y line 4 here   | 4.     | \$    | 3,466.67                   | \$    | N/A                        |          |
| 5.  | List            | all payroll deductions:   |        |       |                            |       |                            |          |
|     | 5a.             | Tax, Medicare, and Social Security deductions   | 5a.    | \$    | 520.00                     | \$    | N/A                        |          |
|     | 5b.             | Mandatory contributions for retirement plans  | 5b.    | \$-   | 0.00                       | \$-   | N/A                        |          |
|     | 5c.             | Voluntary contributions for retirement plans  | 5c.    | \$_   | 0.00                       | \$_   | N/A                        |          |
|     | 5d.             | Required repayments of retirement fund loans  | 5d.    | \$    | 0.00                       | \$    | N/A                        |          |
|     | 5e.             | Insurance   | 5e.    | \$    | 0.00                       | \$    | N/A                        |          |
|     | 5f.             | Domestic support obligations  | 5f.    | \$    | 0.00                       | \$    | N/A                        |          |
|     | 5g.             | Union dues  | 5g.    | \$    | 0.00                       | \$    | N/A                        |          |
|     | 5h.             | Other deductions. Specify:  | _ 5h.+ | - \$  | 0.00                       | + \$  | N/A                        |          |
| 6.  | Add             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.     | \$_   | 520.00                     | \$    | N/A                        |          |
| 7.  | Calc            | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.     | \$    | 2,946.67                   | \$    | N/A                        |          |
| 8.  | List a          | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |        |       |                            |       |                            |          |
|     |                 | monthly net income.   | 8a.    | \$    | 0.00                       | \$    | N/A                        |          |
|     | 8b.             | Interest and dividends  | 8b.    | \$    | 0.00                       | \$    | N/A                        |          |
|     | 8c.             | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |        |       |                            |       |                            |          |
|     |                 | settlement, and property settlement.  | 8c.    | \$_   | 0.00                       | \$_   | N/A                        |          |
|     | 8d.             | Unemployment compensation   | 8d.    | \$_   | 0.00                       | \$_   | N/A                        |          |
|     | 8e.             | Social Security   | 8e.    | \$_   | 0.00                       | \$    | N/A                        |          |
|     | 8f.             | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.    | \$    | 0.00                       | \$    | N/A                        |          |
|     | 8g.             | Pension or retirement income  | 8g.    | \$    | 0.00                       | \$    | N/A                        |          |
|     | 8h.             | Other monthly income. Specify:  | _ 8h.+ | - \$_ | 0.00                       | + \$_ | N/A                        |          |
| 9.  | Add             | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.     | \$    | 0.00                       | \$_   | N/A                        |          |
| 10. | Calc            | ulate monthly income. Add line 7 + line 9.  | 10. \$ |       | 2,946.67 + \$              |       | N/A = \$                   | 2,946.67 |
|     | Add t           | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |        |       |                            |       |                            | ,        |
| 11. | Inclu-<br>other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not sifty:     | depen  | ,     | •                          | •     | Schedule J.<br>11. +\$     | 0.00     |
| 12. |                 | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |        |       |                            |       | 12. \$ Combin              |          |
| 13. | Do v            | ou expect an increase or decrease within the year after you file this form  | ?      |       |                            |       | monthly                    | / income |
|     |                 | No.   |        |       |                            |       |                            |          |
|     |                 | Yes. Explain:   |        |       |                            |       |                            |          |

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| Fill | in this informa                 | tion to identify y                    | our case:     |   |                       |                |                                     |                               |
|------|---------------------------------|---------------------------------------|---------------|---|-----------------------|----------------|-------------------------------------|-------------------------------|
|      | otor 1                          | Thomas Bre                            |               |   |                       | Cho            | ck if this is:                      |                               |
| DCD  | NOT 1                           | THOMAS BIE                            | HIIIAII       |   |                       |                | An amended filing                   |                               |
|      | otor 2<br>ouse, if filing)      |                                       |               |   |                       |                | A supplement show 13 expenses as of | wing postpetition chapter     |
| ``   |                                 |                                       |               |   |                       |                |                                     |                               |
| Unit | ed States Bankr                 | uptcy Court for the                   | e: NORTH      | HERN DISTRICT OF ILLIN  | OIS                   |                | MM / DD / YYYY                      |                               |
|      | e number<br>nown)               |                                       |               |   |                       |                |                                     |                               |
| O    | fficial Fo                      | rm 106J                               |               |   |                       |                |                                     |                               |
| S    | chedule                         | J: Your                               | <b>Exper</b>  | nses  |                       |                |                                     | 12/15                         |
| info | ormation. If m                  |                                       | eded, atta    | <ul> <li>If two married people and another sheet to this on.</li> </ul> |                       |                |                                     |                               |
| Par  | t 1: Descr                      | ibe Your House                        | ehold         |   |                       |                |                                     |                               |
| 1.   | Is this a join                  | nt case?                              |               |   |                       |                |                                     |                               |
|      | ■ No. Go to                     |                                       | in a separ    | rate household?   |                       |                |                                     |                               |
|      | No                              |                                       |               |   |                       |                |                                     |                               |
|      | □ Ye                            | es. Debtor 2 mu                       | st file Offic | ial Form 106J-2, <i>Expenses</i>  | s for Separate House  | hold of Deb    | otor 2.                             |                               |
| 2.   | Do you have                     | e dependents?                         | □ No          |   |                       |                |                                     |                               |
|      | Do not list De<br>Debtor 2.     | ebtor 1 and                           | Yes.          | Fill out this information for each dependent                            | Dependent's relati    |                | Dependent's age                     | Does dependent live with you? |
|      | Do not state                    | the                                   |               |   |                       |                |                                     | □ No                          |
|      | dependents                      | names.                                |               |   | child                 |                | 9                                   | Yes                           |
|      |                                 |                                       |               |   | child                 |                | 15                                  | □ No<br>■ Yes                 |
|      |                                 |                                       |               |   |                       |                |                                     | □ No                          |
|      |                                 |                                       |               |   | child                 |                | 17                                  | ■ Yes                         |
|      |                                 |                                       |               |   |                       |                |                                     | □ No                          |
| 3.   | Do your exp                     | enses include                         | _             | Lvi   |                       |                |                                     | ☐ Yes                         |
| 0.   | expenses of                     | f people other t<br>d your depende    | than _        | l No<br>l Yes   |                       |                |                                     |                               |
| Par  | t 2: Estim                      | ate Your Ongoi                        | ing Month     | ly Expenses   |                       |                |                                     |                               |
| exp  |                                 |                                       |               | uptcy filing date unless y<br>cy is filed. If this is a supp            |                       |                |                                     |                               |
| Inc  | lude expense                    | s paid for with                       | non-cash      | government assistance i   | f you know            |                |                                     |                               |
|      | value of such<br>ficial Form 10 |                                       | nd have ind   | cluded it on Schedule I: \  | Your Income           |                | Your exp                            | enses                         |
| 4.   |                                 | or home owners<br>and any rent for th |               | nses for your residence. I<br>or lot.                                   | nclude first mortgage | e<br>4. S      | \$                                  | 1,404.00                      |
|      | If not includ                   | led in line 4:                        |               |   |                       |                |                                     |                               |
|      | 4a. Real e                      | estate taxes                          |               |   |                       | 4a. 3          | \$                                  | 0.00                          |
|      | •                               | rty, homeowner'                       |               |   |                       | 4b.            | ·                                   | 0.00                          |
|      |                                 | maintenance, re<br>owner's associa    | •             | upkeep expenses   |                       | 4c. 3<br>4d. 3 |                                     | 0.00                          |
| 5.   |                                 |                                       |               | dominium dues<br><b>our residence.</b> such as ho                       | me equity loans       | 4a. 5          | ·                                   | 0.00                          |

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| Thomas Brennan Ca  | ase num   | ber (if known)   |                                       |
|--|-----------|------------------|---------------------------------------|
| Utilities:   |           |                  |                                       |
| 6a. Electricity, heat, natural gas   | 6a.       | \$               | 213.00                                |
| 6b. Water, sewer, garbage collection   | 6b.       | \$               | 87.67                                 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.       | \$               | 0.00                                  |
| 6d. Other. Specify:  | 6d.       |                  | 0.00                                  |
| Food and housekeeping supplies   | - 7.      |                  | 400.00                                |
| Childcare and children's education costs   | 8.        | \$               | 0.00                                  |
| Clothing, laundry, and dry cleaning  |           |                  |                                       |
|  |           | ·                | 0.00                                  |
| Personal care products and services  | 10.       | ·                | 0.00                                  |
| Medical and dental expenses  | 11.       | <b>5</b>         | 0.00                                  |
| Transportation. Include gas, maintenance, bus or train fare.   | 12.       | \$               | 300.00                                |
| Do not include car payments.   | 13.       | ·                |                                       |
| Entertainment, clubs, recreation, newspapers, magazines, and books   |           |                  | 0.00                                  |
| Charitable contributions and religious donations   | 14.       | \$               | 0.00                                  |
| Insurance.   |           |                  |                                       |
| Do not include insurance deducted from your pay or included in lines 4 or 20.  | 4-        | •                |                                       |
| 15a. Life insurance  | 15a.      |                  | 0.00                                  |
| 15b. Health insurance  | 15b.      |                  | 0.00                                  |
| 15c. Vehicle insurance   | 15c.      | \$               | 60.00                                 |
| 15d. Other insurance. Specify:   | 15d.      | \$               | 0.00                                  |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   | _         |                  |                                       |
| Specify:   | 16.       | \$               | 0.00                                  |
| Installment or lease payments:   | _         |                  |                                       |
| 17a. Car payments for Vehicle 1  | 17a.      | \$               | 0.00                                  |
| 17b. Car payments for Vehicle 2  | 17b.      | \$               | 0.00                                  |
| 17c. Other. Specify: Debtor pays vehicle loan in brothers name for use of  |           | · —              |                                       |
| auto   | 17c.      | \$               | 320.00                                |
| 17d. Other. Specify:   | 17d.      | ·                | 0.00                                  |
|  | _ 17u.    | Φ                | 0.00                                  |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.       | \$               | 0.00                                  |
| Other payments you make to support others who do not live with you.  |           | \$               | 0.00                                  |
| Specify:   | 19.       | Ψ                | 0.00                                  |
| opecity.<br>Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedu</i> l   | _         | ur Incomo        |                                       |
| Other real property expenses not included in lines 4 or 5 or this form of our <i>Schedul</i><br>20a. Mortgages on other property   | 20a.      |                  | 0.00                                  |
|  |           |                  | 0.00                                  |
| 20b. Real estate taxes   | 20b.      |                  | 0.00                                  |
| 20c. Property, homeowner's, or renter's insurance  | 20c.      |                  | 0.00                                  |
| 20d. Maintenance, repair, and upkeep expenses  | 20d.      |                  | 0.00                                  |
| 20e. Homeowner's association or condominium dues   | 20e.      |                  | 0.00                                  |
| Other: Specify:  | 21.       | +\$              | 0.00                                  |
|  | _         |                  |                                       |
| Calculate your monthly expenses  |           |                  |                                       |
| 22a. Add lines 4 through 21.   |           | \$               | 2,784.67                              |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |           | \$               |                                       |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  |           | \$               | 2,784.67                              |
| , , ,  |           | <u> </u>         |                                       |
| Calculate your monthly net income.   |           |                  |                                       |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.      |                  | 2,946.67                              |
| 23b. Copy your monthly expenses from line 22c above.   | 23b.      | -\$              | 2,784.67                              |
|  |           |                  | · · · · · · · · · · · · · · · · · · · |
| 23c. Subtract your monthly expenses from your monthly income.  | _         |                  | 400.00                                |
| The result is your monthly net income.   | 23c.      | \$               | 162.00                                |
|  | ile this  |                  | ease or decrease because of           |
| Do you expect an increase or decrease in your expenses within the year after you file For example, do you expect to finish paying for your car loan within the year or do you expect your momodification to the terms of your mortgage?  ■ No. | ortgage p | payment to incre | sace of accidance because of          |

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| Fill in this infor                | mation to identify your                          | case:                     |                           |                          |  |
|-----------------------------------|--|---------------------------|---------------------------|--------------------------|--|
| Debtor 1                          | Thomas Brennan                                   | 1                         |                           |                          |  |
|                                   | First Name                                       | Middle Name               | Last Name                 |                          |  |
| Debtor 2<br>(Spouse if, filing)   | First Name                                       | Middle Name               | Last Name                 |                          |  |
| United States Ba                  | ankruptcy Court for the:                         | NORTHERN DISTRICT O       | OF ILLINOIS               |                          |  |
| Case number (if known)            |  |                           |                           |                          | ☐ Check if this is an amended filing                                       |
| Official Forn                     | n 106Dec   |                           |                           |                          |  |
| Declarat                          | ion About a                                      | an Individual I           | Debtor's So               | hedules                  | 12/15  |
| obtaining money years, or both. 1 |  | n connection with a bankr |                           |                          | ement, concealing property, or<br>00, or imprisonment for up to 20         |
| Did you pa                        | y or agree to pay some                           | eone who is NOT an attorn | ey to help you fill out l | bankruptcy forms?        |  |
| ■ No                              |  |                           |                           |                          |  |
| ☐ Yes. N                          | Name of person                                   |                           |                           |                          | kruptcy Petition Preparer's Notice,<br>, and Signature (Official Form 119) |
|                                   | lty of perjury, I declare<br>e true and correct. | that I have read the summ | ary and schedules file    | ed with this declaration | on and   |
| X /s/ Tho                         | mas Brennan                                      |                           | X                         |                          |  |
| Thoma                             | as Brennan<br>re of Debtor 1                     |                           | Signature of              | Debtor 2                 |  |

Date \_\_\_\_\_

Date April 12, 2017

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| Fill | in this inform             | ation to identify you                      | r case:                             |  |                                     |                                    |
|------|----------------------------|--|-------------------------------------|--|-------------------------------------|------------------------------------|
|      | otor 1                     | Thomas Brenna                              |                                     |  |                                     |                                    |
| Dei  | Oloi I                     | First Name                                 | Middle Name                         | Last Name  |                                     |                                    |
|      | otor 2<br>ouse if, filing) | First Name                                 | Middle Name                         | Last Name  |                                     |                                    |
| Uni  | ted States Bar             | kruptcy Court for the:                     | NORTHERN DISTRICT                   | OF ILLINOIS  |                                     |                                    |
| Cas  | se number                  |  |                                     |  |                                     |                                    |
|      | nown)                      |  |                                     |  |                                     | heck if this is an mended filing   |
| ~ ·  | С                          | 407  |                                     |  |                                     |                                    |
|      | <u>ficial For</u>          |  | Affaire for Individ                 | duals Filing for B   | ankruntev                           | A144                               |
|      |                            |  |                                     |  |                                     | 4/16                               |
| info | rmation. If m              | ore space is needed,                       | attach a separate sheet to          |  | equally responsible for sup         |                                    |
| num  | iber (if known             | ). Answer every que                        | stion.                              |  |                                     |                                    |
| Par  | t 1: Give D                | etails About Your Ma                       | arital Status and Where You         | Lived Before   |                                     |                                    |
| 1.   | What is your               | current marital statu                      | ıs?                                 |  |                                     |                                    |
|      | ☐ Married                  |  |                                     |  |                                     |                                    |
|      | ■ Not mari                 | ried                                       |                                     |  |                                     |                                    |
| 2.   | During the la              | st 3 years, have you                       | lived anywhere other than           | where you live now?  |                                     |                                    |
|      | ■ No                       |  |                                     |  |                                     |                                    |
|      | _                          | all of the places you I                    | ived in the last 3 years. Do n      | ot include where you live now  | <i>ı</i> .                          |                                    |
|      | Debtor 1 Pri               | or Address:                                | Dates Debtor 1                      | Debtor 2 Prior Ad  | dress:                              | Dates Debtor 2                     |
| 3.   | Within the la              | st 8 years, did you ev                     | ver live with a spouse or leg       | gal equivalent in a commun   | ity property state or territory     | ? (Community property              |
|      |                            |  |                                     |  | co, Texas, Washington and W         |                                    |
|      | ■ No                       |  |                                     |  |                                     |                                    |
|      | ☐ Yes. Ma                  | ke sure you fill out <i>Scl</i>            | nedule H: Your Codebtors (O         | fficial Form 106H).  |                                     |                                    |
| Par  | t 2 Explain                | n the Sources of You                       | r Income                            |  |                                     |                                    |
|      |                            |  |                                     |  |                                     |                                    |
| 4.   | Fill in the tota           | I amount of income yo                      | u received from all jobs and        | ng a business during this yeall businesses, including parter<br>together, list it only once ur |                                     | ndar years?                        |
|      | □ No                       |  |                                     |  |                                     |                                    |
|      | _                          | in the details.                            |                                     |  |                                     |                                    |
|      |                            |  | Debtor 1                            |  | Debtor 2                            |                                    |
|      |                            |  | Sources of income                   | Gross income   | Sources of income                   | Gross income                       |
|      |                            |  | Check all that apply.               | (before deductions and exclusions)   | Check all that apply.               | (before deductions and exclusions) |
|      |                            | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$10,020.00  | ☐ Wages, commissions, bonuses, tips |                                    |
|      |                            |  | ☐ Operating a business              |  | ☐ Operating a business              |                                    |

Official Form 107

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Debtor 1 Thomas Brennan Document Page 32 of 50 Case number (if known)

|      |                                    |   |  | Debtor 1  |  |   |  |   | Debtor 2                            |                                      |   |
|------|------------------------------------|---|--|---|--|---|--|---|-------------------------------------|--------------------------------------|---|
|      |                                    |   |  | Sources of<br>Check all tha   |  | (befo   | s income<br>re deductions ar<br>sions)   | nd  | Sources of inco                     |                                      | Gross income<br>(before deductions<br>and exclusions)           |
|      |                                    | ndar year:<br>December 3  | 31, 2016 )   | ■ Wages, o  | commissions,   |   | \$42,099.  | 00  | ☐ Wages, components, tips           | missions,                            |   |
|      |                                    |   |  | ☐ Operating   | g a business   |   |  |   | ☐ Operating a l                     | ousiness                             |   |
|      |                                    | dar year bef<br>December 3  |  | ■ Wages, o  | commissions,   |   | \$48,433.  | 00  | ☐ Wages, components bonuses, tips   | missions,                            |   |
|      |                                    |   |  | ☐ Operating   | g a business   |   |  |   | ☐ Operating a l                     | ousiness                             |   |
|      | and other winnings.  List each  No | public benef<br>If you are fili                                   | it payments;  <br>ng a joint cas<br>ne gross inco  | pensions; rent<br>e and you hav   | al income; intere<br>e income that you   | est; divid<br>ou recei                                      | dends; money co<br>ved together, lis   | ollecte<br>st it on                       |                                     | oyalties; and<br>btor 1.             | ecurity, unemployment<br>I gambling and lottery                 |
|      |                                    |   |  | Debtor 1  |  |   |  |   | Debtor 2                            |                                      |   |
|      |                                    |   |  | Sources of i<br>Describe bel  |  | each<br>(befo   | s income from<br>source<br>re deductions ar<br>sions)  |   | Sources of inco<br>Describe below.  | ome                                  | Gross income<br>(before deductions<br>and exclusions)           |
| Pari | i3: Lis                            | t Certain Pa  | ments You  | Made Before   | You Filed for E  | Bankrup   | otcy   |   |                                     |                                      |   |
|      | □ No.                              | Neither De individual puring the No. Yes  * Subject to Debtor 1 o | btor 1 nor D<br>rimarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>o adjustment<br>r Debtor 2 o | personal, fam re you filed fo each creditor to editor. Do not payments to a on 4/01/19 ar r both have p re you filed fo | r bankruptcy, dic<br>o whom you paic<br>include payment<br>in attorney for th<br>nd every 3 years<br>rimarily consul | d you pa<br>d a total<br>ts for do<br>his banki<br>after th | ots. Consumer of se."  by any creditor a of \$6,425* or momestic support ruptcy case. at for cases filedots. | total of<br>lore in<br>obligated<br>on of | of \$6,425* or mor                  | e?<br>ments and th<br>lld support ar | (8) as "incurred by an e total amount you and alimony. Also, do |
|      |                                    | □ Yes   | List below e   | ach creditor to   | estic support ob   |   |  |   | he total amount yort and alimony. A |                                      | creditor. Do not nolude payments to an                          |
|      | Creditor                           | 's Name and   | Address  | D   | ates of paymer   | nt  | Total amoun  |   | Amount you still owe                | Was this p                           | ayment for  |

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| Deb  | tor 1   | Thomas Brennan   | Document F  | age 33 of 50  | e number ( <i>if known</i> ) |  |   |
|------|---|--|---|---|------------------------------|--|---|
|      | <i>Inside</i><br>of whi                               | n 1 year before you filed for bankruptc<br>rs include your relatives; any general par<br>ch you are an officer, director, person in oness you operate as a sole proprietor. 11 | tners; relatives of any gen<br>control, or owner of 20% o | eral partners; partner r more of their voting                     | rships of which you          | ou are a gener<br>any managing         | al partner; corporations agent, including one for |
|      | alimor<br>—   |  |   |   | ,, ,                         | ·                                      | .,  |
|      | □ \   | es. List all payments to an insider.   |   |   |                              |  |   |
|      | Insid   | er's Name and Address  | Dates of payment  | Total amount paid   | Amount you still owe         | Reason for                             | r this payment                                    |
|      | inside  | n 1 year before you filed for bankruptcer?<br>e payments on debts guaranteed or cosiq  |   | ments or transfer a   | ny property on a             | account of a c                         | lebt that benefited an                            |
|      | <b>I</b>  | No   |   |   |                              |  |   |
|      |   | es. List all payments to an insider  |   |   |                              |  |   |
|      | Insid   | er's Name and Address  | Dates of payment  | Total amount paid   | Amount you still owe         |  | r this payment<br>ditor's name                    |
| Part | 4:  | Identify Legal Actions, Repossessions  | s. and Foreclosures                                       |   |                              |  |   |
|      | □ N<br>■ Y  | cations, and contract disputes.  No  'es. Fill in the details.   |   |   |                              |  |   |
|      | Case title Case number                                |  | Nature of the case  | Court or agency   |                              | Status of t                            | he case   |
|      | Carrington Mortgage v. Thomas<br>Brennan<br>17 CH 231 |  | Foreclosure   | Circuit Court of Will Cour<br>14 W. Jefferson<br>Joliet, IL 60432 |                              | Inty ■ Pending □ On appeal □ Concluded |   |
|      | Check<br>■ N  | n 1 year before you filed for bankruptc<br>all that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.                           |   | erty repossessed, fo  | oreclosed, garni             | shed, attache                          | d, seized, or levied?                             |
|      | Creditor Name and Address Describe the Property       |  |   |   | Date                         |  | Value of the                                      |
|      |   |  | Explain what happened                                     | I   |                              |  | property  |
| i    | accou<br>■ N  | n 90 days before you filed for bankrupt<br>unts or refuse to make a payment beca<br>No<br>Yes. Fill in the details.  |   | uding a bank or fin   | ancial institution           | n, set off any                         | amounts from your                                 |
|      |   | itor Name and Address  | Describe the action the                                   | creditor took   | Date                         | action was                             | Amount  |
|      |   |  |   |   | take                         |  |   |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

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| art | 15: List Certain Gifts and Contribution  | s            |   |   |                        |
|-----|--|--------------|---|---|------------------------|
| 3.  | Within 2 years before you filed for bankro   | uptcy,       | did you give any gifts with a total value of more th  | nan \$600 per person                    | ?                      |
|     | ■ No   |              |   |   |                        |
|     | ☐ Yes. Fill in the details for each gift.  |              |   |   |                        |
|     | Gifts with a total value of more than \$60 per person  | 0            | Describe the gifts  | Dates you gave the gifts                | Value                  |
|     | Person to Whom You Gave the Gift and Address:  |              |   |   |                        |
| 4.  | Within 2 years before you filed for bankro   | uptcy,       | did you give any gifts or contributions with a tota   | I value of more than                    | \$600 to any charity?  |
|     | ■ No   |              | , , , ,   |   |                        |
|     | ☐ Yes. Fill in the details for each gift or c  | ontribut     | tion.   |   |                        |
|     | Gifts or contributions to charities that t<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code |              | Describe what you contributed   | Dates you contributed                   | Value                  |
| _   | 6: List Certain Losses   |              |   |   |                        |
|     | or gambling?  ■ No □ Yes. Fill in the details.   | , <b>,</b>   | since you filed for bankruptcy, did you lose anyt   | <b>.</b>                                | ,,,                    |
|     | Describe the property you lost and how the loss occurred   | Include      | ibe any insurance coverage for the loss e the amount that insurance has paid. List pending  | Date of your loss                       | Value of property lost |
|     |  |              | nce claims on line 33 of Schedule A/B: Property.  |   |                        |
| art | 7: List Certain Payments or Transfers  | 5            |   |   |                        |
|     | consulted about seeking bankruptcy or p  | orepari      | id you or anyone else acting on your behalf pay on going a bankruptcy petition? rs, or credit counseling agencies for services required |   | rty to anyone you      |
|     | □ No   |              |   |   |                        |
|     | Yes. Fill in the details.  |              |   |   |                        |
|     |  |              | Description and relative of annual section  | D-1                                     | A                      |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y                                  | <b>'</b> 011 | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment      |
|     | John C. Dent, Ltd.<br>1000 S. Hamilton Suite D<br>Lockport, IL 60441<br>jcd60439@yahoo.com   | ou           | Attorney Fees   |   | \$400.00               |
|     |  | ditors o     |   | or transfer any prope                   | rty to anyone who      |
|     | No   | you iis      | ica on inte 10.   |   |                        |
|     | Yes. Fill in the details.  |              |   |   |                        |
|     | Person Who Was Paid<br>Address   |              | Description and value of any property transferred   | Date payment or transfer was made       | Amount of payment      |

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Debtor 1 Thomas Brennan

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No |  |                                |             |   |   |  |  |  |
|-----|---|--|--------------------------------|-------------|---|---|--|--|--|
|     | Yes. Fill in the details.   |  |                                |             |   |   |  |  |  |
|     | Person Who Received Transfer<br>Address   | Description and property transfer                                    |                                | payme       | ibe any property or<br>ents received or debts<br>n exchange   | Date transfer was made                        |  |  |  |
|     | Person's relationship to you  |  |                                |             | J   |   |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No  Yes. Fill in the details.  |  |                                |             |   |   |  |  |  |
|     | Name of trust   | Description and  | value of the pro               | perty trans | ferred  | Date Transfer was                             |  |  |  |
|     |   |  |                                |             |   | made  |  |  |  |
| Par | t 8: List of Certain Financial Accounts, Inst   | truments, Safe Depos   | it Boxes, and St               | orage Unit  | s   |   |  |  |  |
| 20  | Within 1 year before you filed for bankruptcy   | , wore any financial a   | counts or instr                | umants ha   | ld in vour name, or for w                                     | our banafit clased                            |  |  |  |
| 20. | within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ  | other financial accou  | ınts; certificates             | of deposit  |   |   |  |  |  |
|     | ■ No  |  |                                |             |   |   |  |  |  |
|     | ☐ Yes. Fill in the details.   |  |                                |             |   |   |  |  |  |
|     |   | Last 4 digits of account number                                      |                                |             | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |  |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |                                |             |   |   |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                                |             |   |   |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   |  | Address (Number, Street, City, |             | the contents  | Do you still have it?                         |  |  |  |
| 22. | Have you stored property in a storage unit or   | r place other than you   | r home within 1                | year befor  | e you filed for bankrupt                                      | cy?   |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                                |             |   |   |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                                | Describe    | the contents  | Do you still have it?                         |  |  |  |
| Par | t 9: Identify Property You Hold or Control f  | or Someone Fise  |                                |             |   |   |  |  |  |
|     | Do you hold or control any property that son for someone.   |  | lude any proper                | ty you borr | owed from, are storing  | for, or hold in trust                         |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                                |             |   |   |  |  |  |
|     | Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code)   |  |                                | Describe    | the property  | Value   |  |  |  |
|     | t 10: Give Details About Environmental Info   |  |                                |             |   |   |  |  |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

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**Thomas Brennan** Debtor 1

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|     | hazardous material, pollutant, contaminant, or  | similar term.  |  |                    |  |  |  |  |  |
|-----|---|--|--|--------------------|--|--|--|--|--|
| Rep | Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  |  |  |                    |  |  |  |  |  |
| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?   |  |  |                    |  |  |  |  |  |
|     | ■ No  |  |  |                    |  |  |  |  |  |
|     | Yes. Fill in the details.   |  |  |                    |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                  | Date of notice     |  |  |  |  |  |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?   |  |                    |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |  |  |
|     | Name of site  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Environmental law, if you know it zIP Code) |  |  |                    |  |  |  |  |  |
| 26. | Have you been a party in any judicial or admini   | strative proceeding under any envi   | ronmental law? Include settlements a                               | nd orders.         |  |  |  |  |  |
|     | ■ No  |  |  |                    |  |  |  |  |  |
|     | Yes. Fill in the details.   |  |  |                    |  |  |  |  |  |
|     | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case   | Status of the case |  |  |  |  |  |
| Par | 11: Give Details About Your Business or Con   | nnections to Any Business  |  |                    |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,   | did you own a business or have an  | y of the following connections to any                              | business?          |  |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a   | trade, profession, or other activity,                                      | either full-time or part-time                                      |                    |  |  |  |  |  |
|     | ☐ A member of a limited liability company   | / (LLC) or limited liability partnershi                                    | p (LLP)  |                    |  |  |  |  |  |
|     | ☐ A partner in a partnership  |  |  |                    |  |  |  |  |  |
|     | An officer, director, or managing executive of a corporation  |  |  |                    |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |  |                    |  |  |  |  |  |
|     | ■ No. None of the above applies. Go to Part 12.   |  |  |                    |  |  |  |  |  |
|     | ☐ Yes. Check all that apply above and fill in t   | the details below for each business  | •  |                    |  |  |  |  |  |
|     | Business Name De Address  | escribe the nature of the business   | Employer Identification number<br>Do not include Social Security r |                    |  |  |  |  |  |
|     |   | ame of accountant or bookkeeper  | Dates business existed   |                    |  |  |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.  | did you give a financial statement t                                       |  | de all financial   |  |  |  |  |  |
|     | ■ No  |  |  |                    |  |  |  |  |  |
|     | Yes. Fill in the details below.   |  |  |                    |  |  |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)   |  |  |                    |  |  |  |  |  |
| Des | 40. Sign Balaw  |  |  |                    |  |  |  |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

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Debtor 1 Thomas Brennan

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Th         | omas Brennan          |   |
|----------------|-----------------------|---|
| Thomas Brennan |                       | Signature of Debtor 2   |
| Signa          | ture of Debtor 1      |   |
| Date           | April 12, 2017        | Date  |
| Did yo         | u attach additional բ | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No           | •                     |   |
| □ Yes          |                       |   |
| Did yo         | u pay or agree to pa  | y someone who is not an attorney to help you fill out bankruptcy forms?                                 |
| ■ No           |                       |   |
| ☐ Yes          | . Name of Person      | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).     |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

| ☐ The attorney seeks to have the retainer received by the attorney treated as an advance |
|--|
| payment retainer, which allows the attorney to take the retainer into income immediately |
| The attorney hereby provides the following further information and representations:      |

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$400.00 toward the flat fee, leaving a balance due of \$3,600.00; and \$88.00 for expenses, leaving a balance due for the filing fee of \$310.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: March 10, 2017                  | · · · · · · · · · · · · · · · · · · · |
|---------------------------------------|---------------------------------------|
| Signed:                               |                                       |
| Thomas Brennan                        | John C. Dent 6230863                  |
|                                       | Attorney for the Debtor(s)            |
|                                       |                                       |
| Debtor(s)                             |                                       |
| Do not sign this agreement if the amo | ounts are blank.                      |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re  | Thomas Brennan   |   | Case No.  |                       |                 |
|--------|--|---|---|-----------------------|-----------------|
|        |  | Debtor(s)   | Chapter   | 13                    |                 |
|        | DISCLOSURE OF COMPENS  | SATION OF ATTOI   | RNEY FOR DI   | EBTOR(S)              |                 |
| c      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  |   |   |                       |                 |
|        | For legal services, I have agreed to accept  |   | \$  | 4,000.00              |                 |
|        | Prior to the filing of this statement I have received  |   |   | 400.00                |                 |
|        | Balance Due  |   |   | 3,600.00              |                 |
| 2. \$  |  |   |   |                       |                 |
| 3. T   | he source of the compensation paid to me was:  |   |   |                       |                 |
|        | ■ Debtor □ Other (specify):  |   |   |                       |                 |
| 4. T   | he source of compensation to be paid to me is:   |   |   |                       |                 |
|        | ■ Debtor □ Other (specify):  |   |   |                       |                 |
| 5.     | I have not agreed to share the above-disclosed compen  | sation with any other person  | unless they are mem   | bers and associates   | of my law firm. |
| [      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name  |   |   |                       | law firm. A     |
| 6. I   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |   |   |                       |                 |
| b<br>c | <ul> <li>Analysis of the debtor's financial situation, and rendering.</li> <li>Preparation and filing of any petition, schedules, statemed.</li> <li>Representation of the debtor at the meeting of creditors.</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house.</li> </ul>  | nent of affairs and plan which<br>and confirmation hearing, are<br>luce to market value; exes<br>as needed; preparation | n may be required;<br>and any adjourned hea<br>emption planning | urings thereof;       | I filing of     |
| 7. B   | by agreement with the debtor(s), the above-disclosed fee dependence in any disclosed fee depen |   |   | ry proceeding.        |                 |
|        |  | CERTIFICATION   |   |                       |                 |
|        | certify that the foregoing is a complete statement of any a inkruptcy proceeding.  | agreement or arrangement for  | payment to me for r   | representation of the | e debtor(s) in  |
| Αı     | oril 12, 2017  | /s/ John C. Dent  |   |                       |                 |
| Da     | ·  | John C. Dent 623 Signature of Attorne John C. Dent, Ltd 1000 S. Hamilton Lockport, IL 6044 815-588-0327 Fa              | ry<br>I.<br>Suite D<br>I1                                       |                       |                 |

jcd60439@yahoo.com

Name of law firm

### United States Bankruptcy Court Northern District of Illinois

| In re | Thomas Brennan  |   | Case No. |    |  |
|-------|---|---|----------|----|--|
|       |   | Debtor(s)   | Chapter  | 13 |  |
|       | VERIFICATION OF CREDITOR MATRIX   |   |          |    |  |
|       | Number of Creditors:11  |   |          |    |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |          |    |  |
| Date: | April 12, 2017  | /s/ Thomas Brennan Thomas Brennan Signature of Debtor |          |    |  |

Blue Cross Blue Shield PO Box 7344 Chicago, IL 60680

Carrington Mortgage Service. Llc Po Box 3489 Anaheim, CA 92803

ComEd PO Box 6111 Carol Stream, IL 60197

Creditors Collection Bureau Po Box 63 Kankakee, IL 60901

First Midwest Bank 12600 S Harlem Ave Palos Heights, IL 60463

Hughes Net PO Box 10 Chanhassen, MN 55317

Med Business Bureau 1460 Renaissance Dr #400 Park Ridge, IL 60068

Northwest Collectors 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008

Regional Recovery Serv 5252 S Homan Ave Hammond, IN 46320

Td Auto Finance Po Box 9223 Farmington, MI 48333

Trackers Inc 1970 Spruce Hills Bettendorf, IA 52722